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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

[Signature]

PATENT APPLICATION

Inventor(s): William A. Aiello et al

Docket No.: 1999-0053

Application No.: 09/516,236

Filing Date: 03/01/2000

Examiner Name:

Group Art Unit: 2739

Title: Method and Apparatus for Enhanced Security in a Broadband Telephony Network

THE ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

SIR:

ATTENTION: Official Draftsperson

Attached are three (3) sheets of formal Bristol board drawings in the above-identified application for your approval.

Respectfully,

Date:

9/20/2000

By:


Benjamin S. Lee, Attorney

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/516236
		Filing Date	03/01/2000
		First Named Inventor	William A. Aiello
		Group Art Unit	2739
		Examiner Name	
		Total Number of Pages in this Submission	5

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input checked="" type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional enclosure(s) (please identify below)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Benjamin S. Lee	Reg. #	42787
TELEPHONE	973-360-8117		
SIGNATURE		DATE	09/20/2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 09/20/2000

Type or Printed Name	Nancy C. Marcovici		
Signature		Date	09/20/2000

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